

**ARVID B. SCHNACKENBERG STATE ASSEMBLY #1**

Name (print) **ARVID B. SCHNACKENBERG** Office (if applicable) **STATE ASSEMBLY** District (if applicable) **#1**

Mailing Address (include city and zip code) **4231 FAMASO DR N. LAS VEGAS NV 89032** Telephone No. **(702) 631-4575**

E-Mail Address **SCHNACK@ivem.com**

Select Appropriate Box ( ) ☐ CANDIDATE ☐ PA ☐ BY ☐ POL PARTY ☐ IND EXP ☐ AMENDED

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002

Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002

Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002

BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

**BALANCE**

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any

**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100

2. Total amount of monetary contributions of \$100 or less

Actual number of monetary contributions of \$100 or less

3. Interest and income earned on contributions, if any

4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)

5. Total amount of In Kind Contributions

**EXPENSES SUMMARY**

6. Total amount of monetary expenses in excess of \$100

7. Total amount of monetary expenses of \$100 or less

8. Expense for filing fee

9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)

Remaining Balance (Subtract line 9 from 4)

10. Total amount of In Kind Expenses

**AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date Executed On